PTO/SB/17 (10-08)
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Under the Paperwork Reduction Act of 1995, no person are required to  Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2009				respond to a collection of information unless it displays a valid OMB control number <b>Complete if Known</b>			
				Application Number 10/519,071-Conf. #7470			
						December 23, 2004	
				•		Hendricus F. V.	
						E. S. Luk	
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1744		1744	
TOTAL AMOUNT OF PAYMENT (\$) 810.		(\$) 810.00		Attorney Docket No. 0		000023.0122	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
x Deposit Account Deposit Account Number: 23-2185 Deposit Account Name: Blank Rome LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
x Charge any additional fee(s) or underpayments of x Credit any overpayments							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
I DAGIO I ILIIV		LING FEES		ARCH FEES	EXAMIN	IATION FEES	
A !! !!		Small Entity		Small Entity		Small Entity	F D-1-1 (A)
Application T	<del></del>		Fee (\$		Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50 165	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES Small E							
Fee Description			52				
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						220	
Multiple dependent claims						390	
Total Claims	Extra Claim	s Fee (\$)	Fe	ee Paid (\$)	М	ultiple Depende	
7	- 117 or	<u>γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ γ </u>		σ . α.α. (φ)			ee Paid (\$)
HP = highest num	ber of total claims paid for	r, if greater than 20.		_			
Indep. Claims	Extra Claim		F6	ee Paid (\$)			
1 - 28 or HP x = x =							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheet		* * * * *		* 1	rtion thereo	<u>f Fee (\$)</u>	Fee Paid (\$)
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S)  Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00							
SUBMITTED BY	2 8-7				, –,	, ,	
Signature	/Peter S. Weissm			Registration No.	40,220	Telephone	(202) 772-5800
	(Attorney/Agent)					<del>  '</del>	
Name (Print/Type)	ype) Peter S. Weissman					Date	January 26, 2011

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: January 26, 2011 Electronic Signature for Peter S. Weissman: /Peter S. Weissman/